

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

<b>1</b> ACCOUNT #		<b>2</b> Total pages filed: <div style="text-align: center; font-size: 1.5em;">2</div>		<b>OFFICE USE ONLY</b>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI		
	NICKNAME	LAST	SUFFIX		
<b>4</b> ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> July 15		<input type="checkbox"/> Exceeded \$500 limit		
	<input type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final report		
<b>5</b> ORIGINAL PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
	07	01	04		12 / 31 / 04
<b>6</b> EXPLANATION OF CORRECTION <div style="font-size: 1.2em; font-family: cursive;">             Correction of expenditure in the amount of \$413.50 from Candidates personal funds with appropriate schedule G attached           </div>					

**7** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



☐ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by ADDIE WISEMAN this the 17 day of July.

20 06 to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1 of 1

2 FILER NAME

Addie Wiseman

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Southern Living

6 Payee address; City; State; Zip Code

Humble Tx 77338

8 Amount  
(\$)

\$413.50

7 Purpose of expenditure (See instructions regarding type of information required.)

volunteer supplies

☒ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount  
(\$)☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount  
(\$)☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount  
(\$)☐ Reimbursement  
from political  
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intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount  
(\$)☐ Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

